

REQUEST FOR PLAN REVIEW – HOME FOR THE AGED

Department of Human Services
Bureau of Children and Adult Licensing

SUBMITTED TO:

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HEALTH FACILITIES ENGINEERING SECTION

DATE:

☐

BUREAU OF FIRE SERVICES

DATE:

FACILITY INFORMATION

NAME OF LICENSEE/APPLICANT

LICENSEE/APPLICANT ADDRESS

APPLICANT AREA CODE/TELEPHONE NUMBER
()

DATE APPLICATION RECEIVED

FACILITY NAME

COUNTY

FACILITY STREET ADDRESS

CITY/STATE/ZIP CODE

CONTACT PERSON

AREA CODE/TELEPHONE NUMBER
()

FACILITY LICENSE NUMBER (IF APPLICABLE)

LICENSED OR REQUESTED CAPACITY

PROJECT DESCRIPTION FOR REFERRAL TO HFES AND BUREAU OF FIRE SERVICES:

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NEW APPLICATION/NEW CONSTRUCTION

☐

ADDITION/PLAN REVIEW

☐

NEW APPLICATION/CONVERSION

☐

SPECIAL REQUEST

☐

REMODELING/ALTERATION PLAN REVIEW

☐

OTHER

COMMENTS (Include any prior facility name or license number.)

BCAL/HFA STAFF SIGNATURE

HFA LICENSING STAFF TELEPHONE NUMBER